LAKESHORE MANOR

1320 WISCONSIN AVENUE

RACINE 53403 Phone: (262) 687-23	241	Ownership:	Non-Profit Corporation
Operated from 1/1 To 12/31 Days of Operation	on: 365	Highest Level License:	Skilled
Operate in Conjunction with Hospital?	Yes	Operate in Conjunction with CBRF?	No
Number of Beds Set Up and Staffed (12/31/02):	50	Title 18 (Medicare) Certified?	Yes
Total Licensed Bed Capacity (12/31/02):	50	Title 19 (Medicaid) Certified?	Yes
Number of Residents on 12/31/02:	49	Average Daily Census:	49
**********	*****	*********	*******
Services Provided to Non-Residents Age. 1	Sex. and Pr	imary Diagnosis of Residents (12/31/02)	I Length of Stay (12/

Services Provided to Non-Residents	Age, Sex, and Primary Diagn	Length of Stay (12/31/02) %							
Home Health Care Supp. Home Care-Personal Care	No No			Age Groups	%		40.8		
Supp. Home Care-Household Services	No	Developmental Disabilities	0.0	Under 65	2.0	More Than 4 Years	10.2		
Day Services	No	Mental Illness (Org./Psy)	14.3	65 - 74	6.1	1			
Respite Care	No	Mental Illness (Other)	8.2	75 - 84	34.7		100.0		
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	49.0	* * * * * * * * * * * * * * * * * * *	*****		
Adult Day Health Care No		Para-, Quadra-, Hemiplegic	2.0	95 & Over 8.		Full-Time Equivalent			
Congregate Meals No		Cancer 4.1			Nursing Staff per 100 Residents				
Home Delivered Meals	No	Fractures	6.1			(12/31/02)			
Other Meals	No	Cardiovascular	24.5	65 & Over	98.0				
Transportation	No	Cerebrovascular	24.5			RNs	12.4		
Referral Service	No	Diabetes	4.1	Sex	용	LPNs	4.7		
Other Services	No	Respiratory	2.0			Nursing Assistants,			
Provide Day Programming for		Other Medical Conditions	10.2	Male	18.4	Aides, & Orderlies	40.6		
Mentally Ill	No			Female	81.6	1			
Provide Day Programming for			100.0			1			
Developmentally Disabled	No	I			100.0	1			

Method of Reimbursement

		edicare			edicaid itle 19			Other			Private Pay	<u>,</u>		amily Care			anaged Care			
Level of Care	No.	90	Per Diem (\$)	No.	olo	Per Diem (\$)	No.	90	Per Diem (\$)	No.	%	Per Diem (\$)	No.	00	Per Diem (\$)	No.	90	Per Diem (\$)	Total Resi- dents	- Of
Int. Skilled Care	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Skilled Care	12	100.0	272	23	100.0	120	0	0.0	0	14	100.0	176	0	0.0	0	0	0.0	0	49	100.0
Intermediate				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain In	j 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depende	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	12	100.0		23	100.0		0	0.0		14	100.0		0	0.0		0	0.0		49	100.0

Admissions, Discharges, and | Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/02 I ------Deaths During Reporting Period % Needing Total Percent Admissions from: Activities of Assistance of % Totally Number of 2.1 | Daily Living (ADL) Independent One Or Two Staff Dependent Private Home/No Home Health Residents 32.7 67.3 2.1 | Bathing 0.0 Private Home/With Home Health 49 4.1 32.7 63.3 Other Nursing Homes 19.1 | Dressing 61.2 51.0 28.6 24.5 74.5 | Transferring 14.3 Acute Care Hospitals 49 Psych. Hosp.-MR/DD Facilities 0.0 | Toilet Use 16.3 32.7 49 Rehabilitation Hospitals 0.0 | Eating 59.2 12.2 Other Locations Total Number of Admissions 47 | Continence % Special Treatments Private Home/No Home Health 6.4 | Occ/Freq. Incontinent of Bladder 44.9 Receiving Respiratory Care

Private Home/With Home Health 14.9 | Occ/Freq. Incontinent of Bowel 40.8 Receiving Suctioning Percent Discharges To: 12.2 0.0 0.0 Other Nursing Homes 2.1 | Receiving Ostomy Care 0.0

0.0

14.3

18.4 Medications

Receiving Tube Feeding

Receiving Psychoactive Drugs

Other Resident Characteristics

Have Advance Directives

Receiving Mechanically Altered Diets 30.6

4.1

87.8

57.1

Acute Care Hospitals

Rehabilitation Hospitals

Total Number of Discharges (Including Deaths)

Other Locations

Deaths

8.5 | Mobility

8.5 | Skin Care

57.4 | With Pressure Sores

| With Rashes

Psych. Hosp.-MR/DD Facilities 2.1 | Physically Restrained

0.0 |

	This	Other Hospital-		Ž	All	
	Facility	Based Facilities		Fac	ilties	
	%	용	Ratio	%	Ratio	
Occupancy Rate: Average Daily Census/Licensed Beds	98.0	87.4	1.12	85.1	1.15	
Current Residents from In-County	100.0	84.3	1.19	76.6	1.30	
Admissions from In-County, Still Residing	42.6	15.2	2.80	20.3	2.10	
Admissions/Average Daily Census	95.9	213.3	0.45	133.4	0.72	
Discharges/Average Daily Census	95.9	214.2	0.45	135.3	0.71	
Discharges To Private Residence/Average Daily Census	20.4	112.9	0.18	56.6	0.36	
Residents Receiving Skilled Care	100.0	91.1	1.10	86.3	1.16	
Residents Aged 65 and Older	98.0	91.8	1.07	87.7	1.12	
Title 19 (Medicaid) Funded Residents	46.9	65.1	0.72	67.5	0.70	
Private Pay Funded Residents	28.6	22.6	1.26	21.0	1.36	
Developmentally Disabled Residents	0.0	1.5	0.00	7.1	0.00	
Mentally Ill Residents	22.4	31.3	0.72	33.3	0.67	
General Medical Service Residents	10.2	21.8	0.47	20.5	0.50	
Impaired ADL (Mean) *	54.7	48.9	1.12	49.3	1.11	
Psychological Problems	57.1	51.6	1.11	54.0	1.06	
Nursing Care Required (Mean) *	9.9	7.4	1.34	7.2	1.38	